

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000040228</b> 1. Entity Name <b>UNITED DEVELOPMENT VENTURES LLC</b>	
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Principal Place of Business <b>490 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785</b>	Mailing Address <b>P.O. BOX 760 INDIAN ROCKS BEACH, FL 33785</b>
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**DO NOT WRITE IN THIS SPACE**



02172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>34-2047340</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMLIN, J. RUSSELL  
555 WINDERLEY PLACE  
SUITE 400  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMLIN, RICHARD N 490 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMLIN, ANNE T 490 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785
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U000000834891  
02/29/08-80012-021 138.75

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Anne T Hamlin Anne T Hamlin 2/17/2008 595-1054 (727)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #